

4th Annual Cypress Challenge

Participant Name: _____

Proceeds to benefit:



1. Please PRINT all information.
2. Collect all pledges and donations in advance. All pledge money must accompany form.
3. Please make cheques payable to: **BC Cancer Foundation.**
4. TAX RECEIPTS ARE ISSUED UPON REQUEST FOR PLEDGES OF \$20.00 OR MORE.

	Name	Address/City/Province/Postal Code	Phone/Email	Credit Card No.	Expiry Date	Pledge Amount	Paid	No Mail	Receipt requested
1	Joe Sample	1111 Average St	(123) 456-7890	1234 5678 9101 2345	11/99	100.00	X	X	Yes
		Anytown, BC	JSAMPLE@FAKE.CA						
2									
3									
4									
5									
6									

The BC Cancer Foundation respects your privacy and adheres to legislated privacy requirements. The personal information we collect about you may be used to deliver BC Cancer Foundation programs and services and to periodically inform you of funding needs, opportunities to volunteer or donate, special events, lotteries and surveys. On occasion we publicly recognize the names of our donors.

If we do not hear from you before our next mailing we will take this as consent to collect and use your personal information for these purposes. If at any time you do not consent to having your personal information used for the purposes set out above please contact us at 604-877-6040 (in the Lower Mainland or outside of B.C.), 1-888-906-CURE (2873) toll free or email infobccf@bccancer.bc.ca. We have not, nor will we ever, sell, trade or rent-out any names or personal information. www.bccancerfoundation.com

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